## **CORPORATE OFFICER REGISTRATION UPDATE**

BUSINESS NAME	BC	BOE ACCOUNT NUMBER			
CORPORATE ID NUMBER	FE	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)			
BUSINESS TELEPHONE NUMBER	FAX NUMBER CONTACT PERSON				
( )	( )				
EMAIL ADDRESS (of your corporate officer designated to	o handle tax matters)	,			
Use a	dditional sheets to inc	lude information for mo	re than three indi	viduals.	
	СО	RPORATE OFFICER	1		
NAME TITLE				DRIVER LICENSE NUMBER	
HOME ADDRESS (street, city, state, zip code)				HOME TELEPHONE NUMBER	
				( )	
	co	RPORATE OFFICER	1		
NAME TITLE				DRIVER LICENSE NUMBER	
HOME ADDRESS (street, city, state, zip code)				HOME TELEPHONE NUMBER	
				( )	
	co	RPORATE OFFICER	1		
NAME	TITLE			DRIVER LICENSE NUMBER	
HOME ADDRESS (street, city, state, zip code)				HOME TELEPHONE NUMBER	
NORTH	I AMERICAN INDU	JSTRY CLASSIFICAT	TION SYSTEM	(NAICS)	
PLEASE LIST YOUR PRIMARY BUSINESS ACTIVITY OF					
TYPE OF BUSINESS ARE YOU ENGAGED IN (please ch					
Retail Wholesale Cons	struction Contractor	Manufacturer	Service	Leasing	Repair
WINI BO TOO GEEE:					
		CERTIFICATION ate Officers must sign	n below)		
I am duly authorized to sign the applic	ration and certify tha	at the statements ma	de are correct :	to the hest of m	av knowledge and belief
I also represent and acknowledge that					
PRINTED NAME	SIGNATURE			DATE	
PRINTED NAME		(1) SIGNATURE			DATE
· · · · · · · · · · · · · · · · · · ·		CA CATOTILE			
PRINTED NAME		SIGNATURE			DATE
		d)			